



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
OFFICE OF FAIR HEARINGS

FILED

Jan 08, 2024, 9:23 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH2182

Plan ID No.: [REDACTED]

vs.

HUMANA MEDICAL PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the Office of Fair Hearings convened a telephonic Medicaid Fair Hearing in the above styled case on November 7, 2023, at 9:29 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Joshua Mitchell

Grievance & Appeals Fair Hearing Specialist

Humana Medical Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's decision to deny Petitioner's request for an additional seven (7) hours per week of personal care services was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and adult [REDACTED], appeared on Petitioner’s behalf. [REDACTED] (“[REDACTED]”), Petitioner’s [REDACTED] [REDACTED], appeared at the Fair Hearing as a witness for Petitioner.

Joshua Mitchell, Grievance & Appeals Fair Hearing Specialist for Humana Medical Plan, Inc. (“Humana”) appeared on behalf of Respondent. Dr. Srujani Gaddam (“[REDACTED]”), Medical Director for Humana, attended as a witness for Respondent.

Chrissie Simmons, Medical Healthcare Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”) appeared as an observer.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings and Respondent a twelve (12)-page evidence packet and a thirty-eight (38)-page evidence packet. The twelve (12)-page evidence packet appears in the Office of Fair Hearings’ document management system as “[Petitioner] Fair Hearing request.pdf.” The thirty-eight (38)-page evidence packet appears in the Office of Fair Hearings’ document management system as “[Petitioner] 2nd Fair Hearing request – additional documents.pdf.” Absent an objection from the Respondent, the undersigned admitted the twelve (12)-page packet into evidence as Petitioner’s Composite Exhibit 1 (“PCE1”) and the thirty-eight (38)-page packet into evidence as Petitioner’s Composite Exhibit 2 (“PCE 2”).

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a three hundred and twenty-nine (329)-page evidence packet. The evidence appears in the Office of Fair Hearings’ document management system as “Evidence Packet Part1.pdf”, “Evidence Packet Part2.pdf”, “Evidence Packet Part3.pdf”, “Evidence Packet Part4.pdf”, and “Evidence Packet Part5.pdf”. Absent an objection from Petitioner, the undersigned admitted the three

hundred and twenty-nine (329)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”).

FINDINGS OF FACT

1. Petitioner is an enrolled member of Humana. See RCE 1 at 1. Humana is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED] ([REDACTED]) [REDACTED]. *Id.* [REDACTED] lives in a [REDACTED]. *Id.* at 91- 92. Petitioner has the following medical conditions:

[REDACTED],

[REDACTED]

[REDACTED]

[REDACTED] *Id.* at 94 – 95. Petitioner has been diagnosed with [REDACTED]. *Id.* at 96. Petitioner needs supervision. *Id.*

3. Petitioner answered the questions in the Florida Department of Elder Affairs 701T Non-Community Placement Assessment (“701T Assessment”), dated August 1, 2023. *Id.* at 91 – 97.

According to the 701T Assessment, Petitioner needs the following assistance with [REDACTED] activities of daily living (“ADLs”): needs assistance (but not total help) with [REDACTED]

[REDACTED]; [REDACTED]

[REDACTED]; and needs no assistance with [REDACTED]. *Id.* at 93.

4. According to the 701T Assessment, Petitioner needs the following assistance with [REDACTED] instrumental activities of daily living (“IADLs”): needs total assistance (cannot do at all) with [REDACTED]

[REDACTED] needs assistance (but not

total help) with [REDACTED]; and needs supervision or prompting with [REDACTED]. *Id.* at 93.

5. On February 16, 2023, Petitioner requested an additional twenty-eight (28) hours per week of personal care services. In the Notice of Adverse Benefit Determination (“NABD”) dated February 23, 2023, Respondent denied Petitioner’s request as of February 23, 2023. *Id.* at 58 –

65. The NABD explained the basis of the decision as follows:

We determined that your requested services are not medically necessary because the services do not meet either of the reasons checked below: (See Rule)

...

Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:

1. Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs;
2. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider;

and one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

...

Other Authority

The facts that we used to make our decision are:

This determination of the Medical Director has been made based on medical necessity (as defined by Florida law – specifically see checked box above) and reflects the application of the Plan’s approved review criteria and guidelines.

You have requested additional 28 hours of homemaker service each week; and additional 28 hours personal care service each week. You have [REDACTED]

[REDACTED]. You do not have [REDACTED]. You sometimes have [REDACTED]. You do not [REDACTED]. You have not had any [REDACTED]. You have not [REDACTED]. You live with your [REDACTED]. Your [REDACTED] helps care for you. Your [REDACTED] works outside of the home. You use a [REDACTED]. You need [REDACTED]. You need help [REDACTED]. You need help with [REDACTED]; [REDACTED]. You always have [REDACTED] (incontinence). You are being approved for 14 hours of homemaker service each week and 21 hours of personal care service each week. This will give you 5 hours of home health aide services daily.

...

RCE 1 at 58 – 59.

6. Petitioner requested a plan appeal and received a Notice of Plan Appeal Resolution (“NPAR”), dated May 25, 2023, upholding the denial of additional personal care services. *Id.* at 16 – 21. The NPAR states, in pertinent part:

On February 23, we received your timely plan appeal request regarding Humana Healthy Horizons Comprehensive Plan’s Notice of Adverse Benefit Determination dated February 23, 2023, [REDACTED], partially denying the 28 personal care hours weekly provided to [Petitioner].

On May 23, after consideration of the information you provided to Humana Healthy Horizons Comprehensive Plan in support of your plan appeal, was reviewed by, a medical director who is a DO and board certified in Internal Medicine hereby denies your plan appeal.

The reason for the decision was based on the information received. You have requested that the additional 7 hours of personal care service each week that was denied in your initial request be reconsidered (appeal).

[Petitioner] has several (multiple) medical [REDACTED]. [REDACTED] does not have trouble making [REDACTED] needs known. [REDACTED] sometimes has [REDACTED]. [REDACTED] lives with you. You help care for [REDACTED]. [REDACTED] uses a [REDACTED]. [REDACTED] needs help [REDACTED]. [REDACTED] requires a [REDACTED] [REDACTED] needs some help [REDACTED]. [REDACTED] needs help with [REDACTED]. [REDACTED] needs help with [REDACTED], [REDACTED].

The denial of 7 additional hours of personal care service each week is being upheld. The hours [REDACTED] is currently receiving should be enough to meet [REDACTED] medical needs and can be divided into shifts to better meet your needs.

This determination of the Medical Director has been made based on medical necessity (as defined by Florida law) and reflects the application of the Plan's approved review criteria and guidelines, defined in Chapter 59G-1.010 (2.83) Florida Administrative Code.

...

RCE 1 at 67 – 68.

7. On September 5, 2023, Petitioner requested a Fair Hearing to challenge the denial of additional personal care services. On October 18, 2023, the Hearing Officer issued an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions, setting the hearing for November 7, 2023, at 9:30 a.m. EST.

8. Petitioner's authorized representative and adult child, [REDACTED], testified as follows:

- a. On [REDACTED], Petitioner moved from a [REDACTED] with [REDACTED], [REDACTED]. Petitioner wanted to be at home but Petitioner is now living [REDACTED] because the personal care hours were denied.
- b. Petitioner was denied 28 hours of personal care and was approved for 21 hours of personal care.
- c. Petitioner has been [REDACTED].

9. Petitioner's adult child, [REDACTED], testified as follows:

- a. There was a gap in Petitioner's services before [REDACTED] was moved to the nursing facility.
- b. Petitioner is able to [REDACTED]
- c. Prior to receiving services from Humana, the family paid out of pocket for care.

d. [REDACTED] provided the following estimates for the amount of time it takes to assist Petitioner with [REDACTED] ADLs and IADLs:

- i. [REDACTED]
[REDACTED].
- ii. [REDACTED]
[REDACTED]
- iii. [REDACTED]”.

e. [REDACTED] estimated [REDACTED] spent approximately six (6) hours per day assisting Petitioner when a care aide was present, and approximately sixteen (16) hours per day when a no care aide was present.

f. [REDACTED] works part time.

10. [REDACTED] referred to a letter from Petitioner’s medical provider, Albert Willison, APRN.

The letter, dated January 27, 2023, states in pertinent part:

[Petitioner] is [REDACTED]. As such, [Petitioner] needs at least 56 hours (8 hours per day) of in-home care from a qualified aid such as a Certified Nursing Assistant.

See RCE 1 at 89.

11. Dr. Gaddam testified as follows:

- a. Petitioner was approved for fourteen (14) hours of homemaker services and twenty-one (21) hours of personal care services.
- b. Respondent provides supplement services to the family’s support of a member.
- c. Petitioner’s services are sufficient for Petitioner’s medical needs.

- d. [REDACTED] stands by Respondent's decision to deny the additional hours of personal care services.
- e. The [REDACTED].
- f. When a member is authorized to receive services but then they are transferred to a facility, the services are automatically dropped off.

12. Mr. Mitchell testified as follows:

- a. Petitioner's approved personal care service hours were authorized for the period of February 16, 2023, through July 21, 2023.

CONCLUSIONS OF LAW

13. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Fla. Stat. § 409.285(2)(2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

14. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

15. Because Petitioner is requesting a new service, Fla. Admin Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by "the greater weight of the evidence" (Black's Law Dictionary at 1201, 7th Ed.)

16. The Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017) ("LTC Policy"), incorporated by reference in Fla. Admin. Code R. 59G-4.192, governs Long-Term Care services available under Florida Medicaid. See RCE 118 – 139. The LTC Policy provides the following with respect to personal care and homemakers:

1.1 Description and Program Goal

Under the Statewide Medicaid Managed Care Long-Term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

1.3.1 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Money Management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

...

4.1 General Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Are determined medically necessary, as defined in this rule
- Do not duplicate another service
- Meet the criteria as specified in this policy

...

4.2.1.1 Adult Companion Care

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

...

4.2.2.6 Personal Care

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

...

6.2 Specific Criteria

In order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment. [emphasis supplied]

RCE 1 at 140 – 147.

17. The LTC Policy also provides the following regarding medical necessity:

1.3.14 Medically Necessary or Medical Necessity

For the purposes of this policy, the service must meet either of the following criteria:

- (a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.
- (b) All other LTC supportive services must meet all of the following:
 - Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs
 - Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
 - Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or
- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

...

RCE 1 at 141 – 142.

18. The Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”), incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “Medically Necessary” or “Medical Necessity” as follows:

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Definitions Policy at page 7.

19. The Personal Care Services Coverage Policy (“PCS Policy”), which is incorporated by reference in Rule 59G-4.215, F.A.C., states as follows:

1.1 Description

Florida Medicaid personal care services provide medically necessary assistance, in the home or in the community, with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) to enable recipients to accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability.

...

1.1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services

to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent coverage limits than specified in Florida Medicaid policies.

...

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

...

1.3.6 Home Health Services

Medically necessary services that can be safely provided to the recipient in their home or in the community that include home health visits (skilled nursing and home health aide services), private duty nursing, and personal care services.

...

4.2 Specific Criteria

Florida Medicaid reimburses for up to 24 hours of personal care services per day, per recipient, in order to provide assistance with ADLs and age appropriate IADLs when the recipient meets the following criteria:

- Has a medical condition or disability that substantially limits their ability to perform ADLs or IADLs and do not have a parent or legal guardian able to provide the required care
- Is under the care of a physician and has a physician's order for personal care services
- Requires more extensive and continual care than can be provided through a home health visit
- Requires services that can be safely provided in their home or the community

5.1 General Non-Covered Criteria

Services related to this policy are not reimbursed when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0.
- The recipient does not meet the eligibility requirements listed in section 2.0.
- The service unnecessarily duplicates another provider's service.

5.2 Specific Non-Covered Criteria

Florida Medicaid does not reimburse for the following:

- A skill level other than what is prescribed in the physician order and approved plan of care (POC)
- Assistance with homework
- Babysitting
- Care, grooming, or feeding of pets and animals
- Certification of the POC by a physician
- Companion sitting or leisure activities
- Escort services

- Housekeeping (except light housekeeping to make the environment safe), homemaker, and chore services
- Nursing assessments related to the POC
- Professional development training or supervision of home health staff or other home health personnel
- Respite care to facilitate the parent or legal guardian attending to personal matters
- Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient. (Except when a recipient is enrolled in the Consumer-Directed Care Plus program)
- Services provided in any of the following locations:
 - Hospitals
 - Intermediate care facility for individuals with intellectual disabilities – Nursing facilities
 - Prescribed pediatric extended care centers
 - Residential facilities or assisted living facilities when the services duplicate those provided by the facility
- Services rendered prior to the development and approval of the POC
- Travel time to or from the recipient’s place of residence
- Yard work, gardening, or home maintenance work

Florida Medicaid may reimburse for some services listed in this section through a different service benefit.

...

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid’s General Policies on authorization requirements.

...

Personal Care Task	General Time Allowances
Bathing	
Full-body Bath: Tub, shower or sponge/bed bath.	Up to 30 minutes. May rotate with partial bath based on recipient’s needs

Partial Bath: A sponge bath includes, at a minimum, bathing of the face, hands, and perineum.	15–20 minutes per partial bath
Dressing	
Laying out clothing, handing and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons.	15 minutes
Application of prosthetic devices or application of therapeutic stockings.	May add 15 minutes for applying hose and/or Prosthesis
Grooming and Skin Care	
Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin.	15–30 minutes
Shampoo and comb hair, basic hair care, basic nail care.	15 minutes
Positioning	
Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed.	10 minutes/every 2 hours when medically indicated
Transfers	
Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices.	15 minutes/every 2 hours when medically indicated
Toileting and Maintaining Contenance	
Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product.	15–45 minutes
Eating	
Taking in food by any method. Extra time may be allowed for preparing a special diet.	30 minutes per meal

Delegated Medical Monitoring and Activities	
Non-skilled medical tasks that are delegated to the aide by the RN, in accordance with Florida laws and practice acts. The tasks include, but are not limited to, assisting recipient with pre-poured medications, monitoring vital signs, and measurement of intake/output.	15–30 minutes day for all monitoring tasks performed

PC Policy at 1, 3 – 5.

20. Petitioner requested an additional seven (7) hours per week of personal care services. *See supra* ¶ 5. The additional personal care services were denied based on medical necessity. *See supra* ¶ 5, 6. Respondent explained that Petitioner’s request was not medically necessary based on the information provided but did not specify which of the five medical necessity criteria Petitioner’s request failed to meet. *See supra* ¶ 5.

21. Section 4.1 of the LTC Policy provides that Florida Medicaid LTC plans cover services that: (a) are determined medically necessary, as defined in the LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the LTC Policy. *See supra* ¶ 13. Further, in order to receive LTC services, services must be documented on an individual plan of care based upon a comprehensive needs assessment. *Id.* The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment. *Id.*

22. Further, the LTC Policy provides that personal care services are to provide “assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee.” *See supra* ¶ 16, 19. With regard to ADLs, Petitioner needs assistance (but not total

help) with [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED]; and needs no assistance with [REDACTED]. See supra ¶ 3. With regard to IADLs, Petitioner needs total assistance (cannot do at all) with [REDACTED]; [REDACTED] needs assistance (but not total help) with [REDACTED]; and needs supervision or prompting with [REDACTED]. See supra ¶ 4.

23. The evidence presented reflects that Respondent’s denial of an additional seven (7) hours per week of personal care services is warranted under the circumstances of this case. As provided in the LTC Policy, personal care is to provide “assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee.” See supra ¶ 16. The record reflects that Petitioner lives in a long term care nursing facility. See supra ¶ 2, 8, and 9. The 701T Assessment confirms Petitioner is in a nursing facility. See supra ¶ 3. As provided in the LTC Policy, LTC plans cover services that do not duplicate another service. Dr. Gaddam testified that when a member is authorized to receive services but then they are transferred to a facility, the services are automatically dropped off. See supra ¶ 11. Petitioner’s ADL and IADL needs are being met by the long term care nursing facility.

24. The PCS Policy, which is incorporated by reference in Fla. Admin. Code R. 59G-4.215, provides general guidance concerning the time allotted for personal care tasks. See supra ¶ 16. [REDACTED] and [REDACTED] testified that Petitioner has been living in the long term care nursing facility since April 19, 2023. See supra ¶ 8, 10. [REDACTED] provided credible testimony as to how long it takes to accomplish many of the ADL and IADL tasks. See ¶ 9. In all, [REDACTED]


estimated that [REDACTED] spent sixteen (16) hours per day assisting Petitioner on days when a care aide was not present and six (6) hours per day. Moreover, Petitioner formerly twenty-one (21) hours of personal care services, weekly, and fourteen (14) hours of homemaker services, weekly. See ¶ 11. Here, Petitioner made a credible argument that an additional seven (7) hours of care were warranted at the time the request was made. However, as discussed *supra* ¶ 23, [REDACTED] care needs are now being met at the facility in which [REDACTED] resides.

25. Therefore, upon consideration of the testimony provided, Petitioner's Composite Exhibit 1, Petitioner's Composite Exhibit 2, Respondent's Composite Exhibit 1, and the applicable laws and policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that Respondent's denial of an additional seven (7) hours per week of personal care services was incorrect.

DECISION

Respondent's denial of an additional seven (7) hours per week of personal care services is **AFFIRMED**. Petitioner's appeal based on Respondent's denial in this matter is **DENIED**.

DONE AND ORDERED this 8th day of January, 2023 in Tallahassee, Leon County, Florida.

 Kameisha Presley
23-FH2182
2024.01.08
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KAMEISHA PRESLEY, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407

NOTICE OF A RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

COPIES FURNISHED TO:

[REDACTED]
[REDACTED]

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